

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/787723  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15	1		1			
16		1		1		
17		2		1		
18		0		1		
19		0		1		
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TOTAL IND.	2		2			
TOTAL DEP.	21		17			
TOTAL CLAIMS	23		19			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						